

METROPOLITAN TRANSPORTATION COMMISSION

Joseph P. Bort MetroCenter 101 Eighth Street Oakland, CA 94607-4700 TEL 510.817.5700 TTY/TDD 510.817.5769 FAX 510.817.5848 E-MAIL info@mtc.ca.gov WEB www.mtc.ca.gov

Metropolitan Transportation Commission (MTC) Title VI Complaint Form

Complaints must be filed within 180 days of the alleged act of discrimination.

Section I:								
Name:								
Address:								
Telephone (Home):		Teleph	none (Work)):				
Electronic Mail Address:								
Accessible Format	Large Print			Audio Tape				
Requirements?	TDD			Other				
Check all that apply.								
Section II:								
Are you filing this complaint on your own behalf?			Yes*	No				
*If you answered "yes" to this question, go to Section III.								
If not, please supply the name and relationship of the person								
for whom you are filing this complaint:								
Please explain why you are filing for th	is person:							
Please confirm that you have obtained t	of the	Yes	No					
complaining person if you are filing on								
Section III								
I believe the discrimination I experience	ed was							
based on (check all that apply):	-		Color	National Origin				
Date of Alleged Discrimination (Month, Day, Year):			I	1 1				

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.									
Section IV									
Have you previously filed a Title VI complaint with this agency?			Yes	No)				
Section V									
Have you filed a complaint with any other Federal, State or local agency, or with any Federal or State Court?			Yes	No)				
If yes, check all that apply?	Federal Agency			State Agency					
	Federal Court			Local Agency					
		State Court							
You may attach any written your complaint.	materials	s or other information	that you th	ink is rele	vant to				
Please sign here:									
Date:									

Note - MTC cannot accept your complaint without a signature.

Please mail your completed form to:
Metropolitan Transportation Commission
Deputy Executive Director, Policy
101 8th Street
Oakland, CA 94607
Fax (510) 817-5848
Email aflemer@mtc.ca.gov